

DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS
GANG RESISTANCE EDUCATION AND TRAINING PROGRAM (G.R.E.A.T.)
INSTRUCTOR TRAINING APPLICATION

Applicant's Name		Social Security Number	Sex	Title/Rank
Department/Agency		Duty Phone Number (Area Code)		Fax Number
Address (Include Street No., City, State and ZIP Code, no P.O. Box please)				Pager Number
Internet E-Mail Address (SMTP)		Would you like to establish a link from your web site to ours? ____ Yes ____ No		Internet Home Page Address: WWW. _____
Time in Current Assignment	If military, Post or Base name?	Your name as you wish it to appear on your name tag and graduation certificate. (Please Print Clearly)		

Designate the training program for which you are qualified based upon the criteria noted below.
(Please obtain supervisory approval for the appropriate program.) Annotate training date(s) desired.

First Choice _____ Second Choice _____ Third Choice _____
One-Week Training _____ Two-Week Training _____

CRITERIA TO ATTEND 2-WEEK G.R.E.A.T. TRAINING:

1. Must be a currently certified/sworn police officer with a minimum of 3 years experience and agree to teach G.R.E.A.T. in uniform.
2. Must submit a school's signed COMMITMENT BETWEEN LAW ENFORCEMENT AGENCY and EDUCATIONAL AGENCIES form to implement G.R.E.A.T.
3. Must submit the signed AGENCY COMMITMENT FORM with the registration packet.

CRITERIA TO ATTEND 1-WEEK G.R.E.A.T. TRAINING:

In addition to the criteria listed above, you must **also** meet the following requirements:

4. Must have taught a structured curriculum such as D.A.R.E. or PRIDE, at either the elementary or secondary school level within the past 2 years; or have a primary or secondary educational degree and have taught as part of a degree requirement; or taught as a teacher in a school system within the last 5 years. Please submit written documentation. (e.g., copy of D.A.R.E. certificate or teaching certificate)
5. The following information must be provided to attend the 1-week training. Please complete one of the following:

As an officer, how many full sessions of D.A.R.E. have you taught? _____ Grade Level _____
As a teacher, how many primary or secondary classes have you taught? _____ Grade Level _____

I agree to the preceding conditions and authorize the designated officer to attend G.R.E.A.T. Training.

Name of Authorizing Official (Please Print Clearly)

Title of Authorizing Official (Please Print Clearly)

Signature

Date

PERSONAL INFORMATION

Blood Type _____

Smoker _____

Non-Smoker _____

Do you have any significant health problems? If so, please give details.
_____**EMERGENCY INFORMATION:**

In case of emergency, contact _____

Relationship _____ Telephone Number _____
(Area Code)

EDUCATIONAL EXPERIENCE

High School _____ Some College _____ Jr. College _____

College Degree _____ Masters Degree _____ Doctorate _____
(Four-Year)

LAW ENFORCEMENT EXPERIENCE

I am a certified commissioned/sworn police officer with full enforcement authority.

Yes _____ No _____ Military Police _____

Other (*Specify*) _____

Number of years as a full time, certified/sworn police officer? _____

I am assigned or have had assignment to: (*Check all applicable lines.*)Uniformed Patrol _____ School Resource _____ Narcotics _____
OfficerCommunity/Public _____ Investigations _____ D.A.R.E. _____
Relations InstructorD.A.R.E. Mentor _____ Other (*Specify*) _____

PLEASE NOTE: If you do not meet the minimum requirements to attend G.R.E.A.T. training you will be notified in writing and the application will be returned.**CONFIRMATION:** The request for training does not automatically ensure enrollment in training. A confirmation letter with full details on housing, transportation, and schedules will be provided upon acceptance to the training. **DO NOT PURCHASE AIRLINE TICKETS UNTIL YOU RECEIVE WRITTEN CONFIRMATION FROM THIS OFFICE.**

Please mail the Instructor Training Request; D.A.R.E. Certificate (*if applicable*), Commitment Between Law Enforcement and Educational Agencies to Implement G.R.E.A.T.; and the Agency Commitment Forms to:

BUREAU OF A.T.F./G.R.E.A.T. PROGRAM
P.O. BOX 50418
Washington, D.C. 20091-0418
Telephone Number 1-800-726-7070 or 202-565-4560
FAX (202) 565-4588
<http://www.atf.treas.gov/great/great.htm>

GANG RESISTANCE EDUCATION AND TRAINING (G.R.E.A.T.) PROGRAM AGENCY COMMITMENT

PURPOSE

The popularity of the **G.R.E.A.T.** Program has created a tremendous demand for officer training. Because the demand for training exceeds the ability to provide training, it is imperative that the training the officers receive is utilized. The purpose of this document is to ensure that you, the authorized agency representative, are aware of G.R.E.A.T. policy concerning the intended purpose for officer training.

POLICY

The purpose of the **G.R.E.A.T.** Program is to provide certification training to full-time uniformed law enforcement officers who will be teaching the curriculum in the classroom. We ask that you enroll only an officer(s) who will be teaching during the next semester. (*G.R.E.A.T. is skills training; if those skills are not utilized immediately following the training experience, they will be lost.*) We ask that you permit your G.R.E.A.T. Officer to teach the entire 9-week curriculum. Alternating instructors interferes with rapport-building between the officer and students, a key element to the success of the program. If your officer is to be a relief/substitute officer, it is our hope that you will allow that officer to teach for a semester before assigning him/her to a substitute role. Again, it is very important for trainees to exercise learned skills immediately following the training.

COMMITMENT

Our agency intends to use the officer/applicant during the next school semester.

Yes _____ No _____

The applicant/officer will be used Full-time _____ Part-time _____ Relief Substitute _____

The applicant/officer will be given sufficient time to properly teach the G.R.E.A.T. Program.

Yes _____ No _____

The applicant/officer may be allowed to attend in-service training.

Yes _____ No _____

I understand that the G.R.E.A.T. officer is required to teach in uniform.

Yes _____ No _____

I understand that G.R.E.A.T. Officer Training is a comprehensive program that will demand the undivided attention of the applicant/officer, and I am aware that attendance at all classroom sessions is mandatory.

Yes _____ No _____

I understand that the applicant/officer must successfully demonstrate the knowledge, attitudes, and skills necessary to effectively teach the G.R.E.A.T. curriculum in order to be certified.

Yes _____ No _____

Applicant's Name (*Please Print*): _____

Authorized Agency Representative (*Signature*): _____

Date: _____ Agency: _____

**A COMMITMENT BETWEEN LAW ENFORCEMENT
AND EDUCATIONAL AGENCIES TO IMPLEMENT
GANG RESISTANCE EDUCATION AND TRAINING PROGRAM (G.R.E.A.T.)**

The **G.R.E.A.T.** Program is a school-based curriculum developed by law enforcement and educators that is taught by uniformed police officers.

The program has been very successful. It is based upon the unity of two of society's most influential entities: law enforcement and education. The program requires that a mutual commitment be established between those agencies involved.

The signing of the agreement establishes the mutual commitment of police and school personnel to provide our children with the knowledge, attitudes and skills necessary to resist the pressures of gangs and their influence.

Please read the attached guidelines prior to signing this agreement.

THE AGREEMENT

We, the undersigned, are committed to work together to provide the G.R.E.A.T. curriculum to the children of our community. We have considered and have agreed upon the issues outlined in the Guidelines for Establishing a Written Agreement Between the Police and School agencies. The details of our agreement have been recorded. Both the law enforcement agency and the school/school district have a copy of the agreement on file.

Law Enforcement Representative Signature

Date

Law Enforcement Agency

Educational Agency Signature

Date

School

School District

KEEP A COPY OF THIS AGREEMENT FOR YOUR RECORDS

This form must be completed with all signatures and submitted with each applicant's registration package. Applications received without this form will be returned to your department unprocessed.

PRIVACY ACT INFORMATION

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974) December 31, 1974, relative to the collection of information for registration in a training program conducted by the G.R.E.A.T. Program.

AUTHORITY. Sections 1302, 3301, 3304, and 7201 of Title 5 United States Code, 42 U.S.C. 4222; 5 U.S.C. 301; and 46 F.R. 16586.

PURPOSE. To obtain information from State and local government personnel making application to a program conducted by G.R.E.A.T. for the purpose of student registration and program information.

USES. Disclosure upon request to the individual, to the individual's parent agency, or to any other individual or agency at the request of the individual to the G.R.E.A.T. staff or other government officials is on a need to know basis.

EFFECT OF NON-DISCLOSURE. Disclosure of your social security number, which is solicited under the authority of Executive Order 9367, is also voluntary and no right, benefit, or privilege by law will be denied as a result of refusal to disclose it. Not providing all or any part of the requested information may result in the applicant not being registered for the requested program.